



**CITY OF CARLSBAD RECREATION DEPARTMENT
OPPORTUNITY GRANTS
DONATION FORM**

Yes! I would like to support the Opportunity Grants Program

Name _____

Address _____

State _____ Zip _____

City _____

Email _____

___ I would like to receive emails from Carlsbad Recreation Department about upcoming programs.

Day Phone _____ Evening Phone _____

Donation Amount \$ _____

Payment Information

___ Check enclosed, payable to "City of Carlsbad Recreation Department"

___ Visa ___ Mastercard

Credit card # _____ Exp. Date _____

Signature _____

Matching Gift

___ My company has a matching gift program. I have enclosed the necessary documentation.

Thank you for supporting Recreation in our community!

Return to:

Calavera Hills Community Center

2997 Glasgow Drive

Carlsbad, CA 92008

(760) 729-8813 FAX

(760) 602-4680 phone

*Please retain a copy of this form for your records. City of Carlsbad Tax ID # 95-6004793.
Contributions are tax deductible as allowable by law. Consult your tax professional.*